

ENVIRONMENTAL HEALTH 700 Fuller Avenue N.E. Grand Rapids, Michigan 49503-1918

Phone: 616-632-6900 Fax: 616-632-6892

Email: KCEHmail@kentcountymi.gov
Website: www.accesskent.com

STFU & Mobile Unit Plan Submittal Instructions

Congratulations You are proposing to build or remodel a Special Transitory Food Unit (STFU) or Mobile Food Establishment in Kent County. Please submit your STFU/Mobile plan review package to Kent County Health Department. All of the following items must be completed and compiled into a single package or the plan review may be delayed as additional material is requested.

- 1. Plan review application and any necessary plan review fees.
- A plan review application is required to be submitted and is located within this document.
- STFU/Mobile plan review fee is \$400.00 and is payable to Kent County Health Department.
- 2. Standard Operating Procedures (SOPs), including menu and equipment specifications.
- SOPs appropriate to your operation must be submitted prior to opening. Completion of the STFU/Mobile Plan Review Worksheet and SOP is available at: https://www.accesskent.com/Health/FoodServices/default.htm
 This form meets the requirement for SOPs and menu.

3. One complete set of plans or photos.

To evaluate a proposed or as-built unit the Kent County Health Department needs a scaled plan (1/4" per foot is a normal, easy to read scale) of the STFU/Mobile that shows:

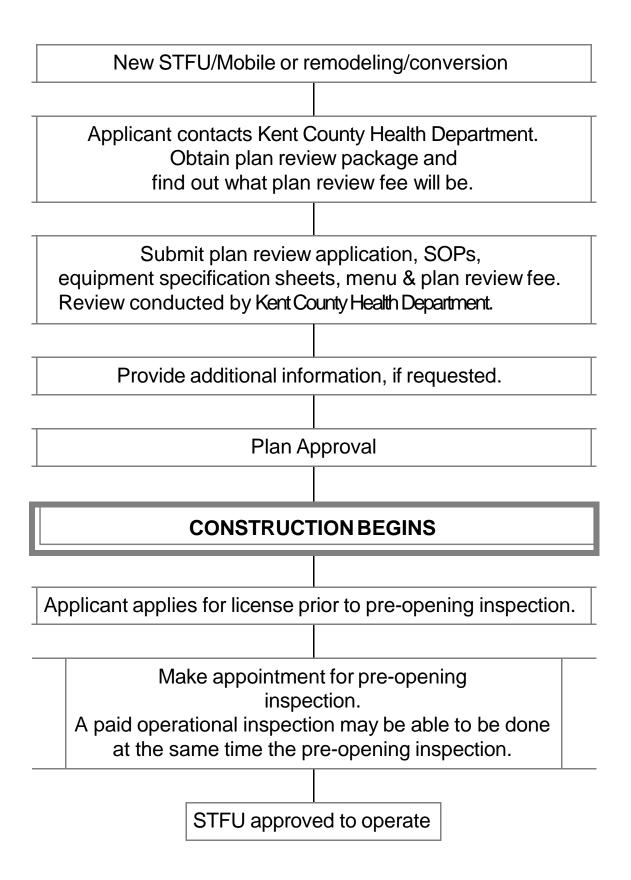
- Proposed layout, with equipment identified. Label sinks and prep tables with their intended use.
- Mechanical plan: location of hood and fire suppression.
- Plumbing: sinks for handwashing, food preparation and dishwashing, dishmachines, hot and cold water outlets, hot water equipment, water heater, sewer drains, grease traps and floor drains/sinks.
- For an as-built unit you may be able to submit photos (typically 4-5 photos) showing the
 interior and exterior of the unit. Photos must show the complete STFU or Mobile set-up.
 Contact the regulatory authority to find out if photos for an as-built unit will be accepted.

4. Certified Food Manager

STFU/Mobiles are required to have a certified manager under section 29 of the Food Law, 2000 PA 92, MCL 289.2129. You need to continually employ at least one full-time certified manager. Full time is defined in the Manager Certification Rule, Regulation 570 as an employee that works an average of 30 hours per week, or 75 percent of the operating hours if the establishment operates less than 40 hours per week. Multiple part-time certified managers may be used to meet this requirement.

Submit valid original or duplicate certificates of certified food managers that will meet this
definition.

Plan Review Process





Remarks:

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Special Transitory Food Unit (STFU) and Mobile Food Establishment Plan **Review Application**

Commissary information (if applicable)
Name:
License #:
City, State:
Address::
Zip :Phone #
E-Mail :
Location of offsite storage (i.e., where trucks, STFU/mobile and dry goods will be stored between events)
Address:
City, State:
 Zip :Phone # :
 E-Mail :
er of primary contact:
Check #: Receipt #:

General Information

Maximum number of mea	als to be served per day:_		
Minimum staff per shift: _		Maximum staff per shift:	
These plans are for: _	An existing/pre- fabricated unit	A unit that will be built u	pon plan approval
These plans are for an:	Enclosed STFU Pushcart STFU Truck STFU Watercraft STFU Tent STFU	Enclosed Mobile Mobile pushcart Mobile Truck Mobile Watercraft Tent Mobile	
These plans are for a uni		nsed commissary on a daily bas	sis
	May stay at tempor	ary locations for more than 24 l	nours
Please summarize the pr	oposed STFU/Mobile ope	ration:	
·			
I certify that the plan revi	ew application package s	ubmitted is accurate to the best	of my knowledge.
Signature of owner or rep	oresentative:		Date
organization of owner of rep			Δαιο
Please print name and tit	le here:		